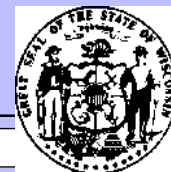


State of Wisconsin
Barbering & Cosmetology
License Application



Please type or print in ink



1	At <input checked="" type="checkbox"/> Electrologist <input type="checkbox"/> Manager <input type="checkbox"/> Manicurist <input type="checkbox"/> Practitioner	2	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Exam Date 1st Choice Exam Date 2nd Choice	4	Fee: \$ <input type="text"/>
	Instructor: <input type="text"/>	3	<input type="text"/> <input type="text"/> Exam Location Exam Location	5	<input type="checkbox"/> Certified Check or Money Order <input type="checkbox"/> Temporary Permit Requested Only Practitioner / Manicurist / Aesthetician / Electrology
6	Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>				
7	Name <input type="text"/> Last <input type="text"/> First <input type="text"/> Initial <input type="text"/>				
8	Mailing Address <input type="text"/> Street Number and Name or P.O. Box <input type="text"/> City <input type="text"/> State or country Zip Code <input type="text"/>				
9	Maiden or former surname(s) (IF Any): <input type="text"/>				
10	Daytime telephone where you may be reached: area code (<input type="text"/>) <input type="text"/> - <input type="text"/>				
11	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year				
12	School Name <input type="text"/> City <input type="text"/>		13	School Code <input type="text"/> (See instructions) Apprentice indicate 00029	
			14	Graduation/Completion Date <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	
15	Have you ever taken this examination in Wisconsin? Yes <input type="checkbox"/> No <input type="checkbox"/>				
16	If you have a Professional license number from Wisconsin, list the license type and number below <input type="text"/>				
17	How do you describe yourself? (optional) (See page 2 of Candidate Guide) 1. White, not of Hispanic Origin <input type="checkbox"/> 2. Black, not of Hispanic Origin <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. American Indian or Alaskan <input type="checkbox"/> 5. Asian or Pacific Islander <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. I prefer not to respond <input type="checkbox"/>		18 Modification/Language Option Special arrangement for ADA Candidates Spanish Language Exam (Practitioner Only) Milwaukee Site Only <input type="checkbox"/>		
19.	PERSONALLY IDENTIFIABLE INFORMATION: <input type="checkbox"/> Check if you do not want your name and address disclosed on any list of 10 or more individuals furnished to another person by CTS.				

< Continue Application on Back >

Mail completed form with fee(s) to:

Wisconsin Barbering & Cosmetology Exams
Continental Testing Services, Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100

CONTINENTAL TESTING SERVICES USE ONLY:

INITIALS

20 STATEMENT OF ARREST OR CONVICTION**YES NO**

- A. Have you ever been convicted of a misdemeanor or a felony, or are criminal charges currently pending against you? If yes, attach form #2222. ☐ ☐
- B. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. ☐ ☐
- C. Has any licensing or credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. ☐ ☐
- D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. ☐ ☐
- E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
- F. Do you currently hold, or have you in the past, held any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? ☐ ☐

If yes, what type of credential

If in another name, what name

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322 and 111.335, Stats., the applicant presents evidence satisfactory to the examining board that the applicant has not been convicted of a felony committed while engaged in the practice of barbering or cosmetology.

21 CANDIDATE CERTIFICATION AND WAIVER

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I agree that if for any reason my examination papers or results are unavailable, an examination is not held, or my application is denied, any claim I may have shall be limited to the amount of the examination fee. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Barbering and Cosmetology Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant_____
Date